

**REQUEST FOR DUPLICATE PERMIT  
TO CARRY A CONCEALED HANDGUN  
COMMONWEALTH OF VIRGINIA**

Permit Number: CL GP-

To the Circuit Court of FAUQUIER COUNTY

I, NAME, hereby request that this court  
Issue to me a duplicate permit to carry a concealed handgun. In support of this request, I state under oath  
the following information and make the following representations:

1. My current address and telephone number are: TELEPHONE NUMBER  
ADDRESS
2. I received a permit to carry a concealed handgun from this court on or about DATE
3. I am not currently subject to any condition described in Virginia Code Section 18.2-308.09  
which would disqualify me from having a permit to carry a concealed handgun.
4. I am not currently subject to a protective order issued by a court.
5. I have not been ordered by a court issuing a protective order to surrender my permit to carry a  
concealed handgun pursuant to Virginia Code §18.2-308.1:4. I understand that failure to surrender  
a permit to carry a concealed handgun while subject to a protective order is a Class 1  
misdemeanor.
6. I request a duplicate permit to carry a concealed handgun because:   
  
  
☐ ATTACHED ADDITIONAL SHEET(S)

I further certify under oath that this duplicate permit to carry a concealed handgun is not sought for any  
fraudulent purposes and that the information I have given is true to the best of my knowledge and belief.

DATE SIGNATURE

Commonwealth/State of   
☐ City ☐ County of

Subscribed and sworn to/affirmed before me on this date by the above-named person.

DATE ☐ CLERK ☐ Deputy Clerk  
☐ Notary Public My commission expires   
Notary Registration Number: